



Docket: 5333USA (6619)

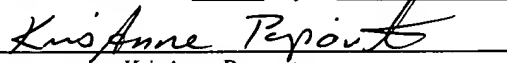
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor:	Paul E. DiMario	
Application No.:	09/487,027	
Filing Date:	January 19, 2000	Examiner: C. R. Harmon
Title:	<b>AN APPARATUS FOR PACKAGING GOODS IN AN OPEN-BOTTOMED CONTAINER AND METHOD FOR DOING THE SAME</b>	Group Art Unit: 3721

TRANSMITTAL LETTER

**Mail Stop AF**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

I hereby certify that this document is being sent via First Class U.S. mail addressed to: **Mail Stop AF**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 7 day of July, 2004.

  
KrisAnne Popovits

Dear Sir:

The following documents are enclosed in connection with the above-referenced patent application:


1. Amendment After Final (Under 37 CFR 1.116) (18 pages);
2. Fee Determination (After Amendment of Claims) (1 page); and
3. Return Receipt Postcard.

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JUL 15 2004  
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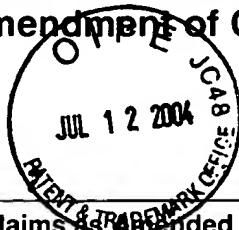
Respectfully submitted,

DORSEY & WHITNEY LLP  
Customer Number 25763

Date: 7-7-04

By:   
S. Wade Johnson  
Reg. No. 50,873  
Intellectual Property Department  
Suite 1500  
50 South Sixth Street  
Minneapolis, MN 55402-1498  
(612) 340-8835

# **FEE DETERMINATION** (After Amendment of Claims)



**Complete if Known**

Application No.	09/487,027
Filing Date	January 19, 2000
First Named Inventor	Paul E. DiMario
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Examiner Name	C. R. Harmon
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Claims amended in Response to Office Action dated: 04/08/2004

METHOD OF PAYMENT (Check One)		AMENDMENT FEE CALCULATION (Continued)																																																																			
<p>1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account No.: 04-1420 Deposit Account Name: DORSEY &amp; WHITNEY LLP</p> <p><input checked="" type="checkbox"/> Charge any additional fee required under 37 C.F.R. 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status (see 37 C.F.R. 1.27)</p> <p>2. <input type="checkbox"/> Check Enclosed</p>		<p><b>3. ADDITIONAL FEES</b></p> <table border="1"> <thead> <tr> <th>Large Entity Fee</th> <th>Small Entity Fee</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>110</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>420</td> <td>210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>950</td> <td>475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1,480</td> <td>740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>2,010</td> <td>1,005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1,330</td> <td>665</td> <td>Issue Fee-Utility/Reissue</td> <td></td> </tr> <tr> <td>330</td> <td>165</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>330</td> <td>165</td> <td>Filing brief in support of appeal</td> <td></td> </tr> <tr> <td>290</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>110</td> <td>55</td> <td>Terminal Disclaimer Fee</td> <td></td> </tr> <tr> <td>110</td> <td>55</td> <td>Petition to revive – unavoidable</td> <td></td> </tr> <tr> <td>1,330</td> <td>665</td> <td>Petition to revive – unintentional</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>180</td> <td>180</td> <td>Submission of IDS</td> <td></td> </tr> <tr> <td>770</td> <td>385</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> </tbody> </table>				Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid	110	55	Extension for reply within first month		420	210	Extension for reply within second month		950	475	Extension for reply within third month		1,480	740	Extension for reply within fourth month		2,010	1,005	Extension for reply within fifth month		1,330	665	Issue Fee-Utility/Reissue		330	165	Notice of Appeal		330	165	Filing brief in support of appeal		290	145	Request for oral hearing		110	55	Terminal Disclaimer Fee		110	55	Petition to revive – unavoidable		1,330	665	Petition to revive – unintentional		130	130	Petitions to the Commissioner		180	180	Submission of IDS		770	385	Request for Continued Examination (RCE)	
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<p><b>AMENDMENT FEE CALCULATION</b></p> <p><b>1. EXTRA* CLAIM FEES</b></p> <table border="1"> <thead> <tr> <th>Claims Remaining after Amendment</th> <th>Highest Number Previously Paid for</th> <th>Present Extra</th> <th>Fee from Below*</th> <th>Additional Fee</th> </tr> </thead> <tbody> <tr> <td>Total 12</td> <td>17</td> <td>= 0</td> <td>x \$18</td> <td>= 0</td> </tr> <tr> <td>Indep. 2</td> <td>2</td> <td>= 0</td> <td>x \$86</td> <td>= 0</td> </tr> <tr> <td colspan="4">First Presentation of Multiple Dependent Claim</td> <td>x =</td> </tr> <tr> <td colspan="4"><b>Subtotal (1)</b></td> <td><b>0</b></td> </tr> </tbody> </table> <p>*Calculation of Extra Claim Fees</p> <table border="1"> <thead> <tr> <th>Large Entity Fee</th> <th>Small Entity Fee</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>18</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>86</td> <td>43</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>290</td> <td>145</td> <td>Multiple dependent Claim</td> </tr> <tr> <td>86</td> <td>43</td> <td>Reissue independent claims over original patent</td> </tr> <tr> <td>18</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table>		Claims Remaining after Amendment	Highest Number Previously Paid for	Present Extra	Fee from Below*	Additional Fee	Total 12	17	= 0	x \$18	= 0	Indep. 2	2	= 0	x \$86	= 0	First Presentation of Multiple Dependent Claim				x =	<b>Subtotal (1)</b>				<b>0</b>	Large Entity Fee	Small Entity Fee	Fee Description	18	9	Claims in excess of 20	86	43	Independent claims in excess of 3	290	145	Multiple dependent Claim	86	43	Reissue independent claims over original patent	18	9	Reissue claims in excess of 20 and over original patent	<p>Other fee (specify):</p> <p><b>Subtotal (2)</b> 0</p> <p><b>Total Amount of Payment:</b> 0</p>																								
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Submitted by:

CUSTOMER NUMBER

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